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AUTHOR Sturges, Jack; Quina, Patricia
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ABSTRACT

The development of four paper-and-pencil tests, useful in assessing the effectiveness of inservice training provided to either nurses aides or home health aides, was described. These tests were designed for utilization in employment selection and case assignment. Two tests of 37 multiple-choice items and two tests of 10 matching items were constructed. All item content was related to knowledge of nursing care. Reliability coefficients and validity coefficients of plus mean scores obtained prior to and following inservice training were reported. The data were obtained from nurses' aides who were employed to provide personal and rehabilitative care under supervision to geriatric patients in the patient's home. At least moderate success was reported in developing instruments which could be useful in selecting nurse's aides for employment, in selecting aides for assignments to patients requiring differing degrees of nursing care, and in assessing the effectiveness of inservice training in basic elements of nursing care. The tests and aide job-performance rating scales are appended. (Author/BJG)

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AN INSTRUMENT TO PREDICT JOB PERFORMANCE OF HOME HEALTH AIDES—TESTING THE RELIABILITY AND VALIDITY

Prepared by:

Jack Sturges

Patricia Quina

June 1971

HOME HEALTH SERVICES OF LOUISIANA, INC.
2115 CARONDELET STREET
NEW ORLEANS, LOUISIANA

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ABSTRACT

A brief report of the development of paper-and-pencil tests which could be used in assessing the effectiveness of in-service training provided to nurses' aides and in both employment selection and case assignment of aides.

Two tests of 37 multiple-choice items and two tests of 10 matching items were constructed. All items' content was related to knowledge of nursing care. Reliability coefficients of .63-.77 and validity coefficients of .45-.62 plus mean scores obtained prior to and following in-service training are reported. The data were obtained from 120 nurses' aides who were employed to provide personal and rehabilitative care under supervision to geriatric patients in the patient's home.

The authors report that they were at least moderately successful in developing instruments which could be useful in selecting nurses' aides for employment, in selecting aides for assignment to patients requiring differing degrees of nursing care, and in assessing the effectiveness of in-service training in basic elements of nursing care.

The tests and aide job-performance rating scales are appended.

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METHODS OF SELECTING HOME HEALTH AIDES FOR EMPLOYMENT AND FOR CASE ASSIGNMENT

Introduction

Shortly after Home Health Services of Louisiana was formed in 1966, the agency faced the problems encountered by most relatively large employers—the problems of procedures to use in the selection and placement of employees. Although these problems were not unique to the agency, the staff of the corporation was unable to secure information from general sources about selecting and placing certain kinds of employees, particularly aides who were to provide patient care in the home. Nor were data available from similar agencies since few, if any, were in existence at that time. Thus, there were no examples of how such employees had been selected and/or placed.

The agency intended to provide a relatively new kind of health service, i.e., the delivery of nutritional guidance, physical therapy, speech therapy, occupational therapy, professional nursing service, and home health aide service in the patients' homes; therefore, decisions needed to be made about methods of selecting those who possessed the skills required to provide these home services. Although it was not difficult to select the professionals to provide the nursing care and the several therapeutic services, procedures for selecting and placing the sub-professionals—the home health aides—were needed. The procedure for selection for employment needed to be a sound procedure, since these aides would be providing much of the personal care provided to the patients. Moreover, these home health aides would be functioning with less supervision than that provided aides working in clinical settings. Since it appeared that there were few aides available who had had training or experience in providing home health services, the agency was faced with the responsibility for selecting those most capable of providing such services and, also, with the additional responsibility of providing home health care inservice training in order to ensure that all aides could function effectively in the home setting. Further, a procedure needed to be developed for determining which aides might be most appropriately assigned to cases of varying degrees of severity.

Specifically, the agency needed to develop procedures for:

1) selecting aides from the population of trained nurses' aides who were most likely to possess the skills needed to provide certain home health care services;
2) providing an inservice training program for aides and determining its effectiveness;

3) selecting aides to be assigned to cases of differing degrees of severity.

A description of techniques used in developing these procedures follows.

Methodology and Data Analysis

Knowing that the home health aides were to assist nurses with providing personal and rehabilitative care to geriatric patients who had recently been hospitalized and who were still in need of many of the services normally provided in clinical settings, it was decided that only those aides who had formal training and experience in providing such services would be considered for employment. More specifically, only those aides who had received their training in hospital settings and whose work experience indicated that they had performed effectively under relatively close supervision in an adult medical-surgical patient area in a hospital were to be considered.

In order for an aide to be able to function effectively with geriatric patients, it is necessary that she possess the physical ability to provide patients with personal and rehabilitative assistance. Therefore, only those aides in good physical condition were to be considered.

Since there were a large number of applicants who met the basic formal training, experience, and physical requirements, but relatively few home health aide positions available, it was apparent that screening or testing procedures needed to be developed which would identify those who would be most likely to function effectively as home health aides. It also seemed that such testing procedures needed to be of a nature which could be administered in a group setting.

In an effort to determine which patient care behaviors the testing procedure needed to assess, an analysis of the job requirements of a home health aide was made by asking aides, nurses, and therapists to list such requirements. These lists produced information such as, aides needed to:

1) read moderately well in order to follow nursing care plans;
2) be familiar with a number of medical terms which commonly appear on nursing care plans;
3) be familiar with procedures to be followed in cases of emergency;
4) be aware of the limits of the services to be provided by aides;
5) be able to use nursing care tools such as thermometer, enema set, bedpan, and drainage equipment;
6) be able to identify the normal limits of vital signs and to be able to accurately measure them;
7) understand the basic principles of blood circulation and body mechanics;
8) apply accepted practices for providing personal care.

An examination of the literature and of test publishers' catalogs suggested that there were no standardized tests available which would assess the extent to which an individual

possessed the health care skills required of a home health aide. There was, however, a number of tests that would provide a measure of basic reading skills. Of these tests, it appeared that the Adult Basic Learning Examination (ABLE), Level II, Form A, Reading Subtest (published by Harcourt, Brace & World), would be most appropriate.

In order to assess the applicants' familiarity with medical terms which commonly appear on patient care plans, the staff of the agency selected the most common terms and their accompanying definitions and used them in constructing pencil-and-paper tests in which each applicant was required to match each term with the proper definition. After several trials, two ten-item "matching" tests were developed and entitled Match I and Match II. These tests appear in the Appendix.

It should be noted that the items which were considered for use in Match I and II and Train I and II were carefully examined by a number of professionals and only those judged appropriate were used. Approximately 10 percent of all items submitted for consideration were judged by nurses and/or other professionals to be suitable.

To determine the degree to which Match I and II and Train I and II yielded reliable scores, the tests were administered to 120 aides and then readministered to the same aides three weeks later. The scores of the aides were compared and produced the Pearson Product-moment correlation coefficients shown in Table I.

TABLE I

Correlations Between Pre- and Posttest Scores[a] of Aides (n=120) on Train I, Train II, Match I, and Match II.

	Posttest			
Pretest	Train I	Train II	Match I	Match II
Train I	.72			
Train II		.72		
Match I			.77	
Match II				.63

[a]Scores obtained prior to and following enrollment in a three-week inservice training program.

The data reported in Table I show that each of the four tests had adequate reliability. The reported coefficients indicate that each of the tests was at least moderately consistent in assessing the aides' knowledge of the terminology and procedures stated in the tests.

Data yielded by the tests were also examined to determine whether scores on the tests were related to job performance skills. The scores of 62 aides on the tests were compared to their supervising nurses' ratings of the degree to which the aides were able to function as home health aides. The rating sheet is shown in the Appendix. Table 2 shows mean scores on the four tests of aides who had job performance ratings of either very poor or poor, fair, or good or very good.

Table 2

Mean Scores of Aides Whose Job Performance Skills were Rated[a] by Supervising Nurses as Being Either Very Poor-Poor, Fair, or Good-Very Good (n=62)

Job Performance Rating	n	Test			
		Match I M	Match II M	Train I M	Train II M
Very Poor-Poor	12	8.1	7.5	23.5	20.7
Fair	18	9.6	9.1	27.1	23.0
Good-Very Good	32	9.8	9.3	29.2	25.2

[a]Job performance ratings determined by averaging several supervising nurse ratings of job skills of aides using a scale of 1=Very Poor, 2=Poor, 3=Fair, 4=Good, 5=Very Good.

note - Pearson product-moment correlation coefficients between job performance ratings for Match I, Match II, Train I, and Train II were approximately .45, .48, .62, and .60 respectively.

The means reported in Table 2 show that the home health aides who were considered by their supervising nurses to be good to very good aides scored higher on the four tests than the aides who were considered to be fair or poor aides. The data in Table 2 show also that while there is less than one raw score point difference between the mean score of good and poor aides on Match I and II, predictive coefficients as high as .45 and .48 are seldom associated with ten-item tests. Also, the correlation coefficients of .62 and .60 resulting from a comparison of aides' test scores on Train I and II and their supervising nurses' ratings indicate that these tests had at least moderate power to predict job skills. While the data are not reported in Table 2, a survey of all supervising nurses yielded data which showed that only those aides who had scored at or above the mean score of aides rated as being good or very good should be considered for assignment to cases requiring a high ability to provide patient care.

It would appear from the data shown in Tables I and 2 that Match I and II possessed the degree of reliability and predictive validity which would be adequate for tests to be used in selecting aides for employment and for assigning aides to cases of differing degrees of severity.

Match I and II and Train I and II were administered to 120 aides who attended three-week inservice training programs conducted by Home Health Services of Louisiana, Inc. The tests were administered prior to and following the inservice program in order to obtain data which could be used in determining the impact of the inservice experience. Table 3 shows the pre- and posttest mean scores of the aides on the four tests.

Table 3

Pre- and Posttest Means on Train I, Train II, Match I, and Match II for Aides who Attended Inservice Training Programs (n=120)

Test	Pre M	Post M	t
Train I	28.72	33.83	20.30***
Train II	24.48	29.02	22.90***
Match I	9.46	9.71	3.52***
Match II	9.21	9.63	4.25***

***Significant at or beyond .001

The data reported in Table 3 show that posttest means of the 120 aides were significantly higher than the pretest means. This strongly suggests that the inservice training programs were successful in increasing the aides' understanding of several patient care concepts. While there was no "control group" available, it appears unlikely that the aides knowledge of the material represented in the four tests would have significantly increased without the benefit of the in-service training programs. It seems, then, that the inservice training programs were quite successful. However, it was possible that the aides' improved responses to test items may not have been reflected in improved job performance. Therefore, in an effort to determine whether the inservice training programs were effective in improving the actual job performance skills of the aides, a comparison was made between the aides' pre-inservice job performance ratings and their post-inservice ratings. Table 4 shows the pre- and post-inservice job performance ratings of 40 home health aides.

Mean Ratings[a] of Job Performance Skills of Aides Who Attended an Inservice Training Program (n=40)

Pre-inservice Training Program Mean Rating	Post-inservice Training Program Mean Rating	t
3.97	4.21	3.81***

[a]Mean ratings derived by averging job performance ratings on 20 job tasks. Each aid was evaluated by two or more supervising nurses. Ratings: 5=Very Good, 1=Very Poor.

***Significant at or beyond .001

The mean job performance ratings reported in Table 4 show that the supervising nurses' ratings of the aides were significantly higher following the aides' exposure to the inservice training experience. Further, the supervising nurses were unanimous in stating that, following the inservice training, the aides were better able to make written reports, to relate to supervising nurses, and to interpret written nursing-care plans. Further, the patients and their families have made more favorable comments concerning the care given to the patients by the aides who had been provided inservice training. It was also noted by the supervising nurses that, following inservice training, the aides offered both a greater number and better quality of suggestions for improving patient care. The staff of the agency also unanimously agreed that aides who had completed the inservice experience showed greater ability in reporting pertinent information about their patients than did those who had not been enrolled in the training program.

Summary

It would appear that the agency's objective of developing a battery of useful tests was successful in that each of the five tests was found to have an acceptable index of reliability, to be sensitive to increases in the aides' skills resulting from inservice training, and to have moderate power to predict the aides' abilities to provide patient care. The tests provided data that was useful in (1) selecting aides for employment, (2) determining which aides should be assigned to cases of various degrees of severity, and (3) assessing the effectiveness of the agency's basic inservice training.

Overall, the agency found that the aide most likely to be able to provide home health aide services could be characterized as an aide who:

1) possessed the physical ability to perform moderately heavy work;
2) had received basic nurses' aid training in a general hospital;
3) had at least one year's experience as a nurses' aide in a hospital on an adult medical or surgical unit;
4) earned raw scores of at least 26, 23, 9, 9, and 8.0 on Train I and Train II, Match I and Match II, and ABLE (Reading Subtest) respectively.

The agency also found that scores on Train I and II, and Match I and II, were effective predictors of an aide's ability to function efficiently with patients requiring a "better-than-average" aide. Aides whose scores on Train I and II, and Match I and II, were at least 29, 26, 9, and 9, were considered by the supervising nurses to be capable of working with patients whose nursing care plan was moderately or very complicated.

In summary, the authors were at least moderately successful in developing instrumentation and techniques useful in selecting aides for employment, in selecting aides for assignment to cases of differing degrees of severity, and in assessing the effectiveness of the basic inservice training program.

References

1. Karlsen, B., Madden and Gardner, E. F. *Adult basic learning examination (ABLE).* New York: Harcourt, Brace and Jovanovich, 1967.

2. National League for Nursing. *Test reservoir for aide instructors in nursing.* New York: Author, Undated.

Name _____

Date _____

MATCHING TEST I

This is a test about terms often used by home health aides. Look at the instructions on the test and read silently while I read aloud.

Instructions

The two columns below contain terms and definitions often used by home health aides. You are to match each definition in the left-hand column with the proper term in the right-hand column. To match the terms with the definitions, place the identifying *letter* of the term in the blank space to the left of the definition which describes the term.

Sample

1. b washing the body
2. c washing the hair

a. bandage
b. bath
c. shampoo

Now match the terms and definitions in the columns below. Notice that there are more terms than there are definitions. Each definition matches only one term. There are four terms for which there is no matching definition.

Definitions	Terms
1. _____relating to the mouth	a. comatose
2. _____instrument used to measure body heat	b. mature
3. _____fully grown and developed	c. daily
4. _____a rubber tube used to drain urine from the bladder	d. fever
5. _____injection of water into the rectum to cause a bowel movement	e. intake
6. _____every day	f. clammy
7. _____regular throbbing of the arteries caused by the beat of the heart	g. oral
8. _____able to walk; not confined to the bed	h. pulse
9. _____fluid taken into the body	i. constipation
10. _____one who is getting well	j. thermometer
	k. catheter
	l. ambulatory
	m. enema
	n. convalescent

Name _____

Date _____

MATCHING TEST II

This is a test about terms often used by home health aides. Look at the instructions on the test and read silently while I read aloud.

Instructions

The two columns below contain terms and definitions often used by home health aides. You are to match each definition in the left-hand column with the proper term in the right-hand column. To match the terms with the definitions, place the identifying *letter* of the term in the blank spaces to the left of the definition which describes the term.

Sample

1. b washing the body
2. c washing the hair

a. bandage
b. bath
c. shampoo

Now match the terms and definitions in the columns below. Notice that there are more terms than there are definitions. Each definition matches only one term. There are four terms for which there is no matching definition.

Definitions

1. _____measurement of the heat of the body
2. _____confined to the bed
3. _____fluid passed from the body
4. _____breathing in and out of air
5. _____free of all living germs
6. _____bed sore
7. _____to wash out with a solution
8. _____abdominal opening into the colon
9. _____practices which encourage health
10. _____a solid cone of medicated material which will melt when placed in the rectum

Terms

a. output
b. irrigate
c. protein
d. hygiene
e. temperature
f. respiration
g. citrus
h. unconscious
i. suppository
j. decubitus
k. colostomy
l. bedridden
m. sterile
n. circulation

Name _____

Date _____

TRAIN Multiple Choice I

Instructions

This test consists of thirty-seven (37) multiple choice questions about home health aide duties. Some of the questions will be easier for you than others, but you should do the very best you can on each question.

Once you decide upon the *best* answer, write the identifying *letter* of the answer on the line to the left of the question.

Study the sample questions below and notice how the answers are to be marked on the test.

Sample I

_____ I. Mrs. Thomas was recovering from her illness, so she was moved from the hospital to a nursing

a. position.
b. home.
c. ambulance.
d. suite.

Sample II

_____ II. A home health aide is going to give Mrs. Thomas a bath. She will need a basin, towel, and

a. syringe.
b. comb.
c. chair.
d. soap.

Read each question carefully and decide which of the answers is *best.* Notice what the letter of the best answer is and then record the letter on the line to the left of the question.

Now, turn the page and respond to the thirty-seven questions.

_____ 1. If the nurse asks the aide to do something for a patient that the aide doesn't know how to do, the aide should

a. say so right away.

b. say nothing, and try to figure it out alone.

c. ask another worker.

d. see if it is described in the procedure manual.

_____ 2. One day Miss Harper, an aide, gets on the bus to go home. Another aide gets on and sits beside her and says in a loud voice, "What a day! That Mrs. Carter! I spent an hour cleaning her up." Which one of these responses would it be best for Miss Harper to make?

a. Asking with interest, "What happened to Mrs. Carter?"

b. Saying in a matter-of-fact way, "We all have hard days occasionally in our work."

c. Saying kindly, "I'm sorry you had a tough day. Tell me about it."

d. Saying in a low voice, "Let's not talk about the patients here."

_____ 3. The safety of patients will be best promoted if the actions of aides are based on which one of these ideas?

a. I expect to become so expert in observing patients that I will know what is important and what isn't, regardless of the situation.

b. If a patient's appearance or behavior seems strange to me, I will report it even if my efforts don't always seem to be appreciated.

c. I am employed to carry out certain specific tasks as ordered, and it's not up to me to be concerned about the patients in other ways.

d. If a patient's appearance or behavior seems peculiar, it's up to me to find out what the cause is before bothering anyone else.

_____ 4. Patients may sometimes mention religious beliefs with which the aide does not agree. Which understanding would be the best guide for the aide?

a. It is best to pretend to have the same beliefs that the patient has.

b. The aide has a right to explain his own beliefs in detail to the patient.

c. When a person is sick, it is a good time to teach him true religion.

d. Each person has a right to his own beliefs, which should be respected.

_____ 5. A patient has cancer that has spread, and the doctor says he is not likely to live long. The staff nurse and the patient's wife know this. Whether the patient himself should be told is a matter to be decided by

a. the doctor and the patient's wife.

b. the staff nurse.

c. the doctor and the agency director.

d. the patient's friends and relatives.

_____ 6. For *all* nursing procedures that involve touching the patient's body, one step is

a. drape the patient.

b. wash your hands.

c. place a protector on the bed.

d. remove at least one pillow.

_____ 7. In turning a weak, elderly patient to rub his back, the aide finds a slightly red area about the size of a quarter at the base of his spine. The aide will report this. What would be the best to do for the patient *before* reporting the finding?

a. Omit the backrub and just powder his back.

b. Rub his back well and tape a large "doughnut" around the red spot.

c. Apply an antiseptic to the spot and avoid rubbing the lower part of his back.

d. Rub his back thoroughly and leave him supported on his side.

_____ 8. At the very beginning of a bed bath, the clean, moist washcloth is used to

a. wash the ears thoroughly.

b. rinse off the face.

c. wipe the eyelids.

d. remove visible dirt from any part of the body.

_____ 9. In cleaning a patient's eye during the bath, one wipes toward the

a. nose.

b. eyebrow.

c. chin.

d. ear.

_____10. When a patient is taking a tub bath, it is most essential that

a. the temperature of the water be less that 95° F.

b. the tub be no more that 1/4 full.

c. clean clothes be ready.

d. the door be unlocked.

_____11. In combing a woman's hair, it is especially important to grasp the hair above where the comb is being used if the hair is

a. short.

b. coarse.

c. curly.

d. tangled.

_____12. If a bedpan is to be put under a heavy patient whose skin tends to stick to the pan, a practical first step is to

a. moisten the seat of the bedpan with alcohol.

b. sprinkle talcum on the seat of the bedpan.

c. wash and dry the buttocks.

d. oil the buttocks.

_____13. If a patient in bed is sneezing and blowing his nose a lot, he needs tissues and also

a. a paper bag.

b. an extra curved basin (emesis basin).

c. a sputum cup.

d. a cup of mouthwash.

_____14. If a member of the health team fails to use a deodorant, he or she will certainly be offensive to others. The *last* person to become aware of this offensiveness is usually

a. a patient.

b. a co-worker.

c. the supervisor.

d. the neglectful team member.

_____15. For which, if any, of these body areas is 99.6° F. a normal temperature?

a. axilla.

b. mouth.

c. rectum

d. none of the above.

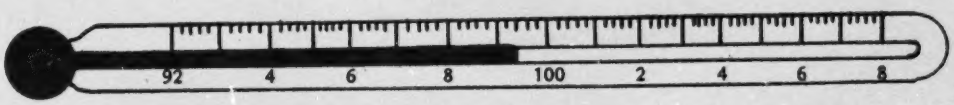
_____16. The temperature shown on the thermometer is

a. 98.2

b. 98.8

c. 99.4

d. 99.8



_____17. If pulse beats occur at the rate of two per second for a few beats, then one per second, then two per second again, the pulse is called

a. irregular.

b. bounding.

c. compressible.

d. thready.

_____18. The patient's pulse has been between 90 adn 110 per minute ever since he was admitted to our service. Now the aide finds that it is 58 per minute. What next action would be best?

a. Tell the patient that he must be getting better.

b. Wait about 15 minutes and take the pulse again.

c. Inform the supervisor right away.

d. Just record the pulse in the usual way.

_____19. When the patient's respirations are being counted, it is best that the patient

a. try to breathe rhythmically (evenly).

b. breathe as deeply as he can.

c. sit up straight.

d. not be aware of the counting.

_____20. When a person breathes in and then breathes out, then breathes in and out again, this is counted as

a. one respiration.

b. two respirations.

c. three respirations.

d. four respirations.

_____21. An adult patient lying quietly in bed has his temperature, pulse, and respiration taken. The findings are: oral temperature 101.8°; pulse 116; respiration 28. Which of the following judgements is correct?

a. The temperature and the pulse and respiratory rates are all above normal.

b. The temperature is above normal, but the pulse and respiratory rates are below normal.

c. The temperature and pulse are above normal; the respiratory rate is below normal.

d. The temperature and the respiratory rate are above normal; the pulse rate is normal.

_____22. If a healthy person who had been sitting quietly were to run up several flights of stairs, his pulse rate would

a. increase but his respirations would decrease.

b. increase and his respirations also increase.

c. decrease but his respirations would increase.

d. decrease and his respirations would also decrease.

_____23. Mrs. Grey's urinary catheter has been removed and she is able to void (pass) urine. She voids 60cc at 3 p.m., 40cc at 3:30 p.m., and 50cc at 4 p.m. How should the aide record this?

a. 3-4 p.m. Urine voided, 150cc.

b. 4 p.m. Ruine voided, 150cc during one hour period.

c. 3-4 p.m. Urine in 3 voidings, 150cc.

d. 3 p.m. Urine voided, 60cc.
3:30 p.m. Urine voided, 40cc.
4 p.m. Urine voided, 50cc.

_____24. The words in each of these pairs can be used to mean the same thing, except

a. feces and stool.

b. void and urinate.

c. comatose and unconscious.

d. clammy and warm.

_____25. All of these points may be true of a well-made bed. Which one is *most* important?

a. The cuff made by turning the top sheet back over the spread is 8 inches wide.

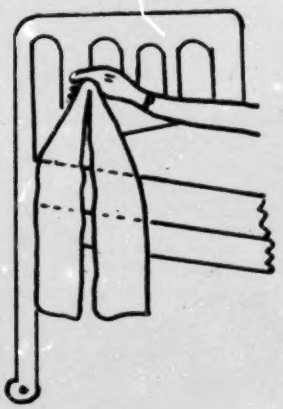
b. The drawsheet is smooth and tight.

c. The heavy seam of the pillow case is toward the top of the bed.

d. The open end of the pillow case is away from the door.

_____26. Which drawing shows a correct step in making a mitered corner?

a.



b.

c.

_____27. When a sheet is tucked under the mattress, it should be tucked *way* under because otherwise it will

a. pull out easily.

b. make visible lumps.

c. tear easily.

d. lie crooked.

_____28. Which of these sheets, if any, whould be placed on the bed with the rough side of the hem up?

a. the bottom sheet.

b. the drawsheet.

c. the top sheet.

d. none of them.

_____29. In making an occupied bed, it is desirable to leave tucks in the top covers, over the patient's feet. This is especially important if the patient

a. cannot move his legs easily.

b. is restless.

c. is obese.

d. has small feet.

_____30. When soiled linen has been removed from a patient's bed, it should be

a. shaken.

b. folded exactly hem to hem.

c. held away from one's uniform.

d. inspected for tears.

_____31. Bed patients who are not able to move their legs about easily often need

a. a footboard.

b. a hot water bottle.

c. heavy blankets.

d. a large pillow under the knees.

_____32. Disease germs tend to scatter about and cause trouble if one dusts with

a. a damp sponge.

b. an oily cloth or mop.

c. a cloth or mop wet with soapy water.

d. a dry cloth or mop.

_____33. Before moving a patient up toward the head of the bed, it is generally helpful to

a. remove pillows.

b. raise the headrest.

c. raise the kneerest.

d. remove the footboard, if present.

_____34. A patient lying on his back has slid down in the bed and needs help in moving up again. To start with, the patient should, is possible

a. raise himself on his elbows.

b. separate his legs widely.

c. arch his back.

d. flex (bend) his knees.

_____35. Many bed patients who may have an elevated headrest are not permitted to have their kneerest up. This is because an elevated kneerest would tend to

a. interfere with blood circulation in their legs.

b. cause them to slip down in bed.

c. move their hip joints too much.

d. increase the return of blood from their legs to their hearts.

_____36. Before helping a patient into or out of a wheelchair, which of these actions are necessary?

a. Have the brakes unlocked and the footpieces down (out).

b. Lock the brakes and have the footpieces folded (up).

c. Have the brakes unlocked and the footpieces folded (up).

d. Lock the brakes and have the footpieces down (out).

_____37. In picking up a box, it would be desirable for the person to

a. bend his knees more and his back less.

b. have his feet closer together.

c. bend his back and neck more.

d. have one foot directly behind the other.

Name _____

Date _____

TRAIN Multiple Choice II

This test consists of thirty-one (31) multiple choice questions about home health aide duties. Some of the questions will be easier for you than others, but you should do the very best you can on each question.

Once you decide upon the *best* answer, write the identifying *letter* of the answer on the line to the left of the question.

Study the sample questions below and notice how the answers are to be marked on the test.

Sample I

_____ I. Mrs. Thomas was recovering from her illness, so she was moved from the hospital to a nursing

a. position.

b. home.

c. ambulance.

d. suite.

Sample II

_____ II. A home health aide is going to give Mrs. Thomas a bath. She will need a basin, towel, and

a. syringe.

b. comb.

c. hair.

d. soap.

Read each question carefully and decide which of the answers is *best*. Notice what the letter of the best answer is and then record the letter on the line to the left of the question.

Now, turn the page and respond to the thirty-one questions.

_____ 1. It is nice for the aide to look cheerful and smile when entering a patient's room, but *not* if the patient is

a. very old.

b. confused or dazed.

c. in great pain or distress.

d. shy and quiet.

_____ 2. Mrs. Thompson has been in bed for several days and is now to get up. Before she gets up, she will be helped to sit on the side of the bed and "dangle" for a few minutes. The *chief* reason for this is to

a. prevent dizziness or fainting.

b. make it easier to put on her robe and slippers.

c. make her feel less afraid to get up.

d. provide time to get a chair and pillows in proper position.

_____ 3. A patient who is recovering from a stroke has only partial use of one side of her body. She tries to button her robe, but takes a long time. Which action by the aide would be best?

a. Button the robe for her to save time.

b. Tell her that one or two buttons are anough for her to do and button the rest for her.

c. Consider this the patient's own problem and let her handle it herself.

d. Encourage her to button the robe but be ready to help if she gets tired.

_____ 4. Which type of footwear would be best for a patient who is learning to walk with crutches?

a. mules (slippers without backs).

b. sturdy shoes.

c. slipper-socks.

d. soft bedroom slippers with a heel.

_____ 5. People with poor circulation in their legs should *never*

a. sit with their feet up on a stool.

b. walk unnecessarily.

c. wear round garters.

d. take warm baths.

_____ 6. Most people think of "drugs" as being medicines that put a person to sleep. When doctors and nurses use the word drugs, they usually mean

a. all kinds of medicines.

b. poisons.

c. dope (narcotics).

d. pills.

_____ 7. When a patient has had an operation and does not move about in bed of his own accord, turning him often will help to prevent

a. bleeding.

b. lung congestion.

c. pain.

d. shock.

_____ 8. Mrs. Quince is an 80-year-old patient who is not always sure of where she is and often thinks that nursing personnel are members of her family. One day when Miss Rean Johnson, the aide, comes with a wheelchair to take her to the sunporch, Mrs. Quince says in a bossy manner, "Go chase the chicken out of my flower garden, Molly." Which of these responses would it be best for the aide to make?

a. "All right, grandma. After I get you into the wheelchair, I'll take care of the chickens."

b. "I'm not Molly and I don't know anything about your garden. Why do you say things like that?"

c. "I've come to take you to the sunporch, Mrs. Quince. While I put your slippers on, tell me, what flowers did you have in your garden."

d. "Try to remember people's names. It's not very polite to forget them."

_____ 9. An aide notices that the side rail on one side of the bed of an elderly, confused patient has been left down. No one is with the patient. What would be best to do first?

a. Pull the side rail up.

b. Ask the patient if the person who left the side rail down is coming back.

c. Notify the staff nurse.

d. Stay with the patient until someone else comes.

_____10. When a patient is dying, there may not be very much the aide can do to help the family. But one important thing the aide can do for the family members is to

a. tell them about the details of the patient's condition.

b. ask them questions about the patient and how the illness started.

c. recognize that they have a right to be with the patient and not make them feel that they are in the way.

d. try to cheer them up by talking to them about other things.

_____11. The aide is helping to care for a dying patient who appears not to know what is going on. The aide is cautioned not to talk about the patient unnecessarily while at the bedside. The reason for the caution is that

a. talking at such time is disrespectful.

b. patients who seem to be unaware of their surroundings may still be able to hear.

c. making such comments is not part of the aide's responsibility.

d. there is no point in talking about the patient's condition if he is dying.

_____12. If an unconscious patient starts to vomit, which *first* action by the aide would be most important?

a. keeping the bed linen from getting soiled.

b. turning the patient's head to the side.

c. informing the staff nurse.

d. getting ready to give mouth care.

_____13. Mr. Wiley has been sick a long time. One afternoon when the aide asks him how he feels, he answers, "This is the end. I'm not going to go on in pain and misery like this." It will be most important for the aide to

a. suggest to him that his family would be upset to hear him talk like this.

b. tell a few jokes to try to cheer him up.

c. suggest to him that there are other people worse off than he is.

d. tell the supervising nurse what he said.

_____14. If a patient on the porch said something has blown in his eye and that his eye hurt, the aide would report it right away. In addition, it would be all right to say,

a. "Don't rub your eye."

b. "Keep your eye open."

c. "Don't cry."

d. "It's not serious."

_____15. If a patient has a poor appetite, giving him very large servings of good food would probably

a. make him feel more like eating.

b. provide a goal for him to work toward gradually.

c. take away what appetite he does have.

d. have no effect on his appetite.

_____16. When feeding a patient who has a poor appetite, which of these behaviors on the aide's part is likely to encourage him to eat?

a. telling him about the value of each kind of food.

b. feeding him all of one kind of food before starting him on another.

c. appearing calm and unhurried.

d. encouraging him to talk a lot.

_____17. If a paralyzed patient is learning to use a spoon with his "bad" hand, which one of these foods would it be best for him to try to manage first?

a. peas.

b. spaghetti.

c. meatballs.

d. applesauce.

_____18. If the aide feeds a patient who is blind or who has his eyes bandaged, it is important to

a. feed him all of one kind of food before starting another.

b. tell the patient what foods are on the tray.

c. give him full forkfuls and spoonfuls.

d. finish the meal by giving a drink of water.

_____19. Some patients cannot have much sodium in the foods they eat. Their meal trays should not have any

a. salt.

b. sugar.

c. pepper.

d. tea or coffee.

_____20. Fruits classified as citrus include

a. pineapples, grapes, and oranges.

b. oranges, grapefruit, and lemons.

c. lemons, grapes, and grapefruit.

d. grapefruit, pineapples, and peaches.

_____21. An elderly person who eats only buttered toast, cookies, and tea is certain to get too little

a. sugar.

b. starch.

c. fat.

d. protein.

_____22. Which idea should be a guide in draping (covering) patients who are having examinations or treatments?

a. If a patient objects to being bare, he or she will certainly say so.

b. Keeping a patient's body covered to the extent possible is one way of letting him or her know that he or she is respected as a person.

c. During a patient's first examination or treatment, draping is important but later on it is not so necessary.

d. Draping is less important for patients from the lower social classes than for the patients from higher social classes.

_____23. Whenever nursing care is to be given to a conscious patient, it is always important to

a. ask the patient to cooperate.

b. tell the patient what is to be done.

c. ask the patient's permission.

d. tell the patient who ordered the care.

_____24. In filling a hot water bottle ordered for the patient, the aide should

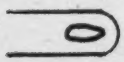
a. ask the patient how hot he wants it.

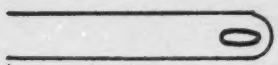
b. fill it directly from the faucet.

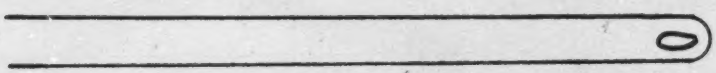
c. fill it almost full.

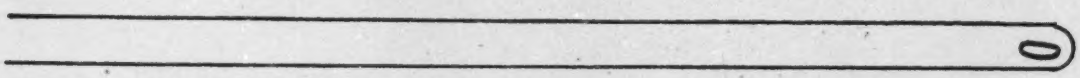
d. expel air before tightening the stopper.

_____25. An enema is to be given to an adult. Which drawing shows how far the tube should be inserted in the rectum?

a. 

b. 

c. 

d. 

_____26. In giving an enema, it could be *dangerous* to

a. hold the container too high.

b. have the tubing too long.

c. use too small a rectal tube.

d. apply to much lubricant to the tube.

_____27. The aide is about to give an enema to a convalescent patient. Before inserting the lubricated rectal tube into the rectum, the aide should

a. run a little solution through the rectal tube.

b. place the patient on the bedpan.

c. ask the patient to bear down.

d. have the irrigating can (or funnel, etc.) below the level of the rectum.

_____28. In giving perineal care to a woman, the strokes used in cleansing and drying should be

a. from the urinary opening, toward the rectum.

b. from the rectum, toward the vagina.

c. from the vagina, toward the urinary opening.

d. from the rectum, toward the urinary opening.

_____29. The chief reason for the "no smoking" sign in the room where oxygen is being used is to prevent

a. disagreeable odors.

b. coughing.

c. lung cancer.

d. fire.

_____30. The nursing procedures called *irrigations* may be done for the purpose of

a. lubricating.

b. cleansing.

c. heating.

d. cooling.

_____31. If an article is boiled to kill germs on it, remember that

a. it is wasteful to boil the article longer than two minutes.

b. the whole article must be under the boiling water.

c. the sterilizer should be uncovered during the boiling

d. the article should be washed after it is boiled.

The attached rating form is provided as a guide for your use when obtaining your confidential estimate of the quality of performance by the home health aides on certain job tasks and of the quality of job-related personal characteristics of the aide.

Code

VP - *Very Poor*	This rating would probably be assigned to a personal characteristic in which the aide is quite deficient or inadequate. The rating of VP might be assigned to a job task which the aide performs at a totally unsatisfactory level.
P - *Poor*	The P rating might be assigned to a personal characteristic in which the aide is slightly deficient. Poor could be assigned to a job task which the aide performs slightly below an acceptable level.
F - *Fair*	The F rating would probably be assigend to a personal characteristic in which the aide is barely adequate. Fair could be assigned to a job task which the aide performs at a barely adequate level. An F rating of an aide on a particular job task would indicate that the aide exhibits a personal characteristic or job performance skill at a level which could be considered "adequate" but still slightly below the quality that would be desirable in a HHS aide.
G - *Good*	The G rating would probably be assigned to a personal characteristic in which the aide is acceptable. Good could be assigned to a job task which the aide performs at a desirable level.
VG - *Very Good*	The VG would probably be assigned to a personal characteristic in which the aide is outstanding. Very good could be assigned to a job task which the aide performs extremely well.

HOME HEALTH AIDE EVALUATION FORM

Aide's Name: _____ Date: _____

Evaluator's Name: _____

	CHECK APPROPRIATE COLUMN					
	Unable to Determine	Very Poor	Poor	Fair	Good	Very Good
Personal Hygiene						
Uniform Clean						
Punctuality in Getting to Work						
Remains at Assignment Full Tour of Duty						
Gets Along Well With Patient						
Gets Along Well With Patient's Family						
Patient's Room Clean						
Patient's Room in Order						
Patient's Room Free From Hazards						
Bed Made Correctly						
Patient's Nails Clean						
Patient's Body Clean						
Patient's Hair Clean						
Patient Kept in Good Body Alignment						
Follows Nurse's Care Plan						
Willingness to Perform Duty						
Room Ventilation						
Room Temperature						
Physical Ability of Aide to Care For Patient						
Intellectual Ability of Aide to Care For Patient						
Ability to Complete Patient's Weekly Record						
Quality of Judgement Used in Reporting Patient's Needs						
Ability to Report Pertinent Facts About Patient						
Ability to Make Judgements About Plan of Care						
Ability to Make Judgements About Needed Changes in Plan of Care						